Amendments to the Claims

Claims 1-83 (Cancelled)

Claim 84 (Currently amended):   A method for providing medical coding comprising:

receiving a selection of a patient procedure code on a first computer, the patient procedure code

   representing a procedure performed on a patient during a patient encounter;

receiving a selection of ~~at least one~~a plurality of diagnosis ~~code~~codes on the first computer, each

   of the ~~at least one~~plurality of diagnosis ~~code~~codes representing a diagnosis applicable to

   the procedure performed during the patient encounter;

linking the selection of the patient procedure code to the selection of the ~~at least one~~plurality of

   diagnosis ~~code~~codes on the first computer;

providing a user interface adapted for ranking the ~~at least one~~plurality of diagnosis ~~code~~codes

   linked with the patient procedure code in a user defined rank order by allowing the order

   of codes to be changed by the user by highlighting one of the codes and then moving the

   highlighted one of the codes either up or down;

documenting the patient encounter by storing the rank ordering of the selection of the ~~at least~~

   ~~one~~plurality of diagnosis ~~code~~codes linked to the selection of the patient procedure code

   of the procedure performed.

Claim 85 (Previously presented):   The method of claim 84 further comprising electronically

sending patient data including the patient procedure code and the linked at least one diagnosis

code from the first computer to a second computer.

2

Claim 86 (Previously presented): The method of claim 85 further comprising displaying the patient procedure code and the linked at least one diagnosis code on a display of the first computer prior to the step of electronically sending.

Claim 87 (Previously presented): The method of claim 85 further comprising generating a patient bill at the second computer, the patient bill associated with the patient data.

Claim 88 (Previously presented): The method of claim 84 further comprising associating the patient procedure code and the linked at least one diagnosis code with patient data including patient identifying information.

Claim 89 (Previously presented): The method of claim 84 further comprising sending patient data, including patient identifying information to the first computer from a second computer prior to the steps of receiving a selection of a patient procedure code and receiving a selection of a diagnosis code.

Claims 90-91 (Cancelled)

Claim 92 (Currently amended): A method for providing code-driven medical reporting, comprising:

receiving a selection of ~~at least one~~ a plurality of diagnosis ~~code~~ codes on a first computer, each of the ~~at least one~~ plurality of diagnosis ~~code~~ codes representing ~~one of at least~~ one diagnosis applicable to a patient procedure code representing a procedure performed on a patient during a patient encounter;

3

receiving a change in ordering of diagnosis codes within the plurality of diagnosis codes, the

      change in ordering performed by a user highlighting one of the codes and moving the one

      of the codes highlighted up or down within a user defined rank order list;

receiving a selection of the patient procedure code on the first computer the patient procedure

      code representing the patient procedure performed on the patient during the patient

      encounter;

linking the ~~at least one~~ plurality of diagnosis ~~code~~ codes in a user defined rank order to the

      patient procedure code such that a defined relationship between the patient procedure

      code and the at least one diagnosis code is maintained to thereby provide a record of the

      patient encounter.

Claim 93 (Previously presented):   The method of claim 92 further comprising generating a

bill based on the patient procedure code and the at least one diagnosis code.

Claim 94 (Previously presented):   The method of claim 84 further comprising generating a

patient bill based on the selection of the patient procedure code and the selection of the at least

one diagnosis code.

Claims 95-97 (Cancelled).

Claim 98 (Currently amended):   A method for providing code-driven medical reporting for

billing purposes, comprising:

receiving a selection of a patient procedure code on a first computer, the patient procedure code

      representing a patient procedure performed on a patient during a patient encounter;

receiving a selection of ~~at least one~~ a plurality of diagnosis ~~code~~ codes on the first computer, each

      of the ~~at least one~~ plurality of diagnosis ~~code~~ codes representing a diagnosis of the patient

      during the patient encounter;

receiving a change in ordering of diagnosis codes, the change in ordering performed by a user

highlighting one of the codes and moving the one of the codes highlighted up or down

within a user defined rank order list;

linking the selection of the patient procedure code to the selection of the at least one diagnosis

code on the first computer;

documenting the linking of the selection of the patient procedure code and the selection of the at

least one diagnosis code to provide for maintaining a user defined rank ordered

relationship between the patient procedure code and the at least one diagnosis code to

thereby provide a detailed record of the patient encounter.

Claim 99 (Currently amended):   The method of claim [[97]]98 wherein each of the at least one plurality of diagnosis code codes is an ICD-9 code.

Claim 100 (Currently amended):   The method of claim [[97]]98 wherein the patient procedure code is a CPT code.

Claim 101 (Cancelled)

Claim 102 (Currently amended):   The method of claim [[97]]98 wherein a modifier is associated with the patient procedure code.

Claim 103 (Currently amended):   The method of claim [[97]]98 wherein a unit value is assigned to the patient procedure code.

Claim 104 (Cancelled)

Claim 105 (Currently amended): A method for providing code-driven medical reporting, comprising:

providing a user interface adapted for operation on a first computer;

using the user interface to collect at least one procedure code representing a procedure performed on a patient during a patient encounter;

for each of the at least one procedure code, using the user interface to collect ~~at least one~~ a plurality of diagnosis ~~code~~codes, each of the ~~at least one~~ plurality of diagnosis ~~code~~codes representing a diagnosis of the patient during the patient encounter to thereby establish a user defined link between each of the ~~at least one~~ plurality of procedure ~~code~~codes and the ~~at least one~~plurality of diagnosis ~~code~~codes;

using the user interface to reorder the plurality of diagnosis codes moving a selected one of the diagnosis codes up or down;

documenting the patient encounter by storing each of the at least one procedure codes and storing each of the at least one diagnosis codes linked to each of the at least one procedure codes to provide a record of each set of diagnosis codes collected for each procedure code and a rank order of each set of diagnosis codes.

Claims 106-107 (Cancelled).

Claim 108 (Previously presented): The method of claim 105 wherein the procedure code is a CPT code.

Claim 109 (Cancelled).

Claim 110 (Previously presented): The method of claim 84 wherein the patient procedure code is a CPT code.

Claim 111 (Cancelled).